Fill in this inform	ation to identify your case:	
Debtor 1	Paul Estill Aldridge	
Debtor 2 (Spouse, if filing)	Michelle Sue Aldridge	
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:15-bk-58016	Check if this is:
		■ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Describe Employment					
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job,	Employment status	■ Employed	■ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed		
	employers.	Occupation	Network Technician	Delivery Driver 2J2M Enterprises		
	Include part-time, seasonal, or self-employed work.	Employer's name	The Chillicothe Telephone Company			
	Occupation may include student or homemaker, if it applies.	Employer's address	68 E. Main Street Chillicothe, OH 45601	dba Joseppis Pizza 9121 US Rt 62 Harrisburg, OH 43146		
		How long employed to	here? 2 Mos./Bi-Weekly	7 Mos./Weekly		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 4,513.60 \$ 542.53

3. +\$ 0.00 +\$ 0.00

4. \$ 4,513.60 \$ 542.53

For Debtor 2 or

For Debtor 1

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	otor 1 otor 2	Paul Estill Aldridge Michelle Sue Aldridge	-	Case	number (<i>if known</i>)	2:15-b	k-58016	
	_			For	Debtor 1	non-fi	ebtor 2 or lling spouse	
	Cop	y line 4 here	4.	\$	4,513.60	\$	542.53	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	816.80	\$	49.22	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance	5e.	\$	357.50	\$	0.00	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$	0.00	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,174.30	\$	49.22	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,339.30	\$	493.31	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$	0.00	\$	700.00	-
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	-
	8e.	Social Security	8e.	\$	0.00	\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	-
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	-
	8h.	Other monthly income. Specify: Tips	_ 8h.+	\$	0.00	+ \$	416.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	1,116.00	D
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		3,339.30 + \$	1 60	9.31 = \$	1 0/18 61
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ		3,339.30 + Ψ_	1,00	9.51	4,948.61
11.	Stat Incli	e all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your riends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	deper		•	•	chedule J.	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12. \$	4,948.61
							Combin	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?				monthl	y income
		Yes. Explain:						